

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H48145</b> 1. Entity Name DICOR INTERNATIONAL, INC.
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Principal Place of Business 7914 PAT BOULEVARD TAMPA, FL 33615	Mailing Address 7914 PAT BOULEVARD TAMPA, FL 33615
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<b>DO NOT WRITE IN THIS SPACE</b>
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03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2500464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BROWN, GLENN E. 2529 W BUSCH BLVD TAMPA, FL 33609
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000075733 03/03/04-80072-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHEEK, PAUL M 15107 LAKE HOLLY PL TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHEEK, ALAN M. 7914 PAT BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHEEK, GERALDINE 7914 PAT BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHEEK, GERALDINE 7914 PAT BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Paul Cheek</u> <u>PAUL CHEEK</u> <u>3/1/04</u> <u>813-503-6748</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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